

## - The MONTH with the EDITOR -

Notes, reflections, comment upon medical and health news in both the scientific and public press, briefs of sorts from here, there and everywhere.

The Bulletin of the Association of American Medical Colleges promises to serve a very useful purpose in the improvement of medical education and practice.

Volume 1, No. 2 (October), contains an article by Emile Holman describing the extensive changes in the arrangement of the curriculum recently inaugurated at Stanford. Ernest C. Dickson discusses the organization and plans for development of the new Department of Public Health, including tropical medicine, recently inaugurated in the same school.

These brief discussions, together with recently published papers by A. C. Reed, head of the tropical medicine work in Stanford; the contributions by William J. Kerr, head of the medical department, University of California; and the promising experiment in partial self-support of medical students being fostered by Percy T. Magan, dean, College of Medical Evangelists, Los Angeles, are indicative of important trends in medical education, with our good medical schools where they belong, in the vanguard of progress.

Many physicians with experience in tropical medicine will continue to wonder at the reasoning which makes this great branch of clinical medicine a subsidiary of a public health department.

Obviously there is precisely the danger in this action that there would be in making all branches of clinical medicine subordinate to a public health department.

An indication of the value and importance of recent studies in tropical physiology that make up Volume 6 (1926), University of California Publications in Physiology (University of California Press) is visualized from this quotation from the introduction by E. S. Sundstroem, from the Australian Institute of Tropical Medicine and the Division of Biochemistry, University of California.

"Irrespective of the possibly ephemeral interpretation to be given to the accumulated data, the writer ventures to say that some of these data by themselves, collected as they were with all possible care, bear evidence that the climatic factor must be reckoned with in the determination of the welfare of the white race in the tropics. The writer disagrees in this respect with opinions held in some quarters that the hot climate itself is a negligible factor and that diseases of exogenous origin or faulty diet are the only obstacles to tropical settlement by the white man. On the other hand, one is led to believe that the pessimistic views expressed by others with regard to these problems are grossly exaggerated. It is possible that the peculiar environmental conditions in the tropics far from being, in the physiological reactions they produce, a check to white migration, may in themselves even carry factors conducive to racial betterment. It will be recognized, however, that before these factors will become effective a number of apparently less desirable, concomitant environmental reactions, notably those seen during the initial stages of acclimatization, will need to be attended to. Exactly of what nature these reactions are and how amenable they are to neutralization offers, I believe, one of the opportunities of physiological science, notably the biochemical branch thereof, to contribute to human welfare."

We are beginning to find out that the question of adaptation of the white races to tropical environment is far more complex than is generally understood.

Many physicians of extensive tropical experience have cautioned against drawing conclusions too broadly from the brilliant results obtained by intelligent control of infections.

Studies like the one under review but confirm the opinion of experienced practicing physicians that, if we could eliminate overnight all infectious agents from the tropics,

the problem of the possible adaptation of the white races to tropical conditions would still be an unsolved one.

The alleged drastic attack on American surgeons by a Dr. M. Porzio, "eminent surgeon" of Rome, for following methods that "killed a well-known film star," and for the claim that "the percentage of deaths from appendicitis in the United States is the highest in the world," will undoubtedly receive the evaluation it deserves by physicians. The trouble is that this "eminent surgeon" broadcast his opinion through the public press of the world.

Criticizing doctors and their methods is becoming a favorite indoor sport for a lot of people, including some of our government publications paid for out of taxes.

Physicians will watch with a great deal of interest the public reception of that amazing book, "The Doctor Looks at Love and Life" by Doctor Joseph Collins (Doran).

From the point of view of the educated physician the book is an excellent portrayal of generally accepted facts by one well versed in his subject and one who is among the most appealing of modern writers.

If this book were issued by a medical book publishing house and released through usual channels to doctors, it would be accepted as a worthy discussion of important subjects; but what the general public may think of it is problematical. That the gifted author anticipates criticism, controversy and even vilification by some is made perfectly clear in his introductory chapter. But as he says, the public has been clamoring for facts about "love and life" and Collins has supplied as many of them as even the boldest writer dare write and the publisher publish.

Whatever the final verdict, everyone must admit that the sorrowful story is told with a skill and cultural taste rarely equaled.

Every physician will find food for serious thought in "Life Insurance Medicine" issued by the New England Mutual Life Insurance Company.

In his letter transmitting complimentary copies of the book to certain publications and physicians, Dr. Edwin W. Dwight, medical director of his company, says:

"The line separating clinical and life insurance medicine has always been and remains a visionary one. Clinicians treat individuals and insurance companies deal with homogeneous groups of a thousand individuals so that the point of view must always be different, but valuable contributions to medical knowledge may be expected from both sides of the line, their reciprocal value depending on their translatability.

"With the desire to make a contribution to clinical medicine the medical department of the New England Mutual Life Insurance Company has just published a volume consisting of a collection of papers on certain phases of insurance medicine written by members of the Home Office staff.

"This company is demonstrating its belief in the value of medical examination for insurance as opposed to the so-called nonmedical selection and feels confident that as we can enlist the interest of clinicians of high standing in our problems mutual advantage will result."

In the opening chapter of the book, Doctor Dwight has this and much more to say of statistics:

"The value of statistics depends upon three factors: their source, their accuracy, and the honesty and intelligence of their interpretation. If we do not know their source, or the accuracy and honesty of their development is not above question, statistics are of no value and

they are always dangerous in the hands of the special pleader. . . .

"Statistics from many sources demonstrate that on the whole the work of the medical profession during this past twenty-five years has been effective, that in the saving of life the increasing of efficiency and the diminishing of suffering much has been accomplished. However, from the statements which have been made it would appear that more has been done than is really the fact. We frequently hear that this man or that man has said in somewhat indefinite terms that 'more has been accomplished in twenty years than in the past twenty centuries'; or that 'the expectation of life in the average individual in our country has been increased by fifteen years.' Such casual statements are untrue, and give us a false sense of security and a false idea of the value of the work which is being done."

The eight chapters of the book are largely devoted to a plea for greater intelligence and less emotionalism and propaganda in establishing our medical facts, and particularly in their interpretation.

Beginning with the January, 1927, issue "The Radiological Review" will be published monthly instead of bi-monthly, and it will increase its number of pages from 32 to 64. This magazine is devoted to the progress of x-ray and radium from the standpoint of the general practitioner and the specialist in branches other than radiology.

We haven't any fear concerning the lowering of the maternal mortality in childbirth if those permitted to practice medicine have complied with rigid requirements as to education and training, but we do have fear for the consequences when our state legislature is willing to place its stamp of approval upon all the various pseudo-medical cults that ask for recognition, and this is exactly what has occurred in a number of states, and it is these incompetents who oftentimes help to increase the maternal mortality rate. We are not going to make any advances in the protection of the public from preventable morbidity and mortality until we recognize the fact that those who care for the sick and suffering, including the pregnant mother, must have suitable education and training. We must stop giving the illy prepared the legal right to practice.—J. Indiana M. A.

How Bill Nye's "Society of the Pale Blue Asses" has grown, multiplied and given birth to baby societies of many colored asses.

We are being warned that the typhoid incidence curve is rising again and, what is of even greater prophetic significance, the mortality rate also is rising.

The latest statistics (1925) give Soviet Russia 105,062 cases; Mexico, 6739; Japan, 50,829; Canada, 1985, and the United States, 48,318.

What are we going to do about it? Probably not enough until this easily preventable disease begins to destroy a frightful number of lives, and then we will have a "drive" and wipe out the sources of infection for a time.

The American Medical Association is rendering many splendid services to physicians and the public. Among these are the activities of the Council on Pharmacy and Chemistry and the Chemical Laboratory. We read with interest the frequent reports from this laboratory as they are published, but even physicians cannot appreciate the extent of this great public health service without reading the annual reports. This laboratory was organized twenty years ago, and it is largely from its findings that hundreds of promotions of quack remedies have retired from business. The report of this laboratory for the years 1924 and 1925 is now available, and every physician ought to have a desk copy of it.

Physicians will find the answer to many questions asked them about this or that new cure-all in this book, and those physicians who may be inclined to listen too sympathetically to the alleged virtues of many new preparations will find here facts calculated to save prescription blanks.

**Doctors Be Warned**—The following letter has been received by Doctor Pinkham, secretary of the California Board of Medical Examiners from the Treasury Department, Internal Revenue Service, San Francisco, under date of November 17, 1926:

"In reply to your letter of recent date relative to inserting the name and location of the druggist on prescriptions, Form 1403, you are advised that Treasury Decision 9334, approved October 15, 1926, reads as follows:

"Section 1412 of Regulations 60, approved March 14, 1924, is hereby so modified as to provide that physicians, when writing prescriptions, Form 1403, shall not name therein the druggist or pharmacist who shall fill such prescription, and the space provided therefor in the said Form 1403 shall be left blank.

"All regulations inconsistent herewith are rescinded to the extent of such inconsistency."

"You are respectfully informed that notice of the change has been given publicly through the press and generally to inquiring druggists and physicians, and has also been noted in the medical and druggists' magazines and others.

"This office contemplates sending individual notices at an early date to all parties concerned in the Twenty-first District."

The first, last, and whole duty of a public health official lies in the field of preventive medicine and hygiene. He cannot escape or abrogate that duty to others without breaking his oath of office.—Matthias Nicoll, Jr., New York State J. Med.

**Murdering people by the application of poisonous skin beautifiers** at the hands of "beauty specialists" is growing to be quite a pastime in California.

Many people want to know why this is permitted. For the very good reason that there is no law regulating the matter. The Board of Medical Examiners have charged some of these people, who make money by playing with life with about as much intelligence as a child plays with fire, with malpractice. Courts invariably rule that face peeling is not the practice of medicine within the meaning of the law and so these "specialists" only have to secure a municipal license, and may go on killing people without hindrance.

What are we going to do about it? Nothing, until some very prominent woman's life is taken and public opinion arouses the legislature to do its duty.

The St. Pancras Division of the British Medical Association recently passed a resolution "That, the education of the public in health and in the prevention of disease being of national importance, the dissemination of news on health topics should be encouraged. Actual medical instruction might well be controlled by a representative body, and editors should not ask men in private medical practice to write articles under their own name."

In proposing the resolution, Sir Thomas Horder said: "The lay press is certainly the most powerful medium we possess for instructing the public on health matters. We must do our utmost to secure the co-operation of the proprietors and editors of those journals that influence the thinking public: their help is paramount. We need not despair of securing their assistance because, reading the placards on the back of the buses, we find it difficult to believe that some newspapers will care much about printing health information of the orthodox kind."

**Osteoperiosteal Bone Graft**—Experimental and clinical data are presented by George M. Dorrance and George W. Wagoner, Philadelphia (Journal A. M. A.), concerning the application of the osteoperiosteal bone graft for the repair of bone defect and extra-articular ankylosis. They believe that they have demonstrated the ease with which autogenous osteoperiosteal grafts may be obtained, and the satisfactory manner in which they may be used to repair bone defects or produce ankylosis. They emphasize the advisability of laying the graft extra-articularly when ankylosis is attempted. By the use of the pliable osteoperiosteal graft, it is possible to produce ankylosis without opening the joint space—that is, extra-articularly.